

**National Institute on Drug Abuse (NIDA)
Washington D.C.: Opioid-
Involved Deaths and Related
Harms**

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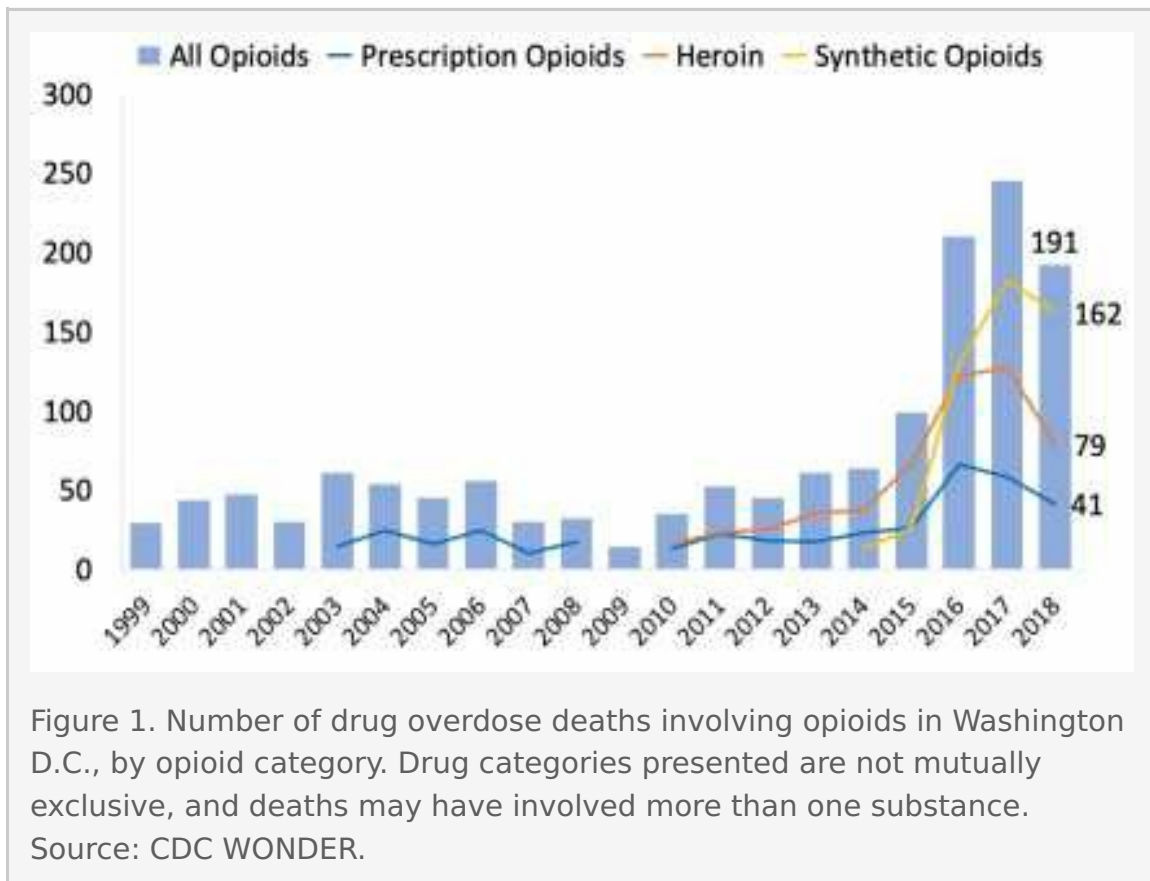
Drug-Involved Overdose Deaths

In the U.S., there were 67,367 drug overdose deaths reported in 2018, 4.1% fewer deaths than in 2017.

- The age-adjusted rate declined by 4.6% to 20.7 per 100,000 standard population.¹ The decline follows an increasing trend in the rate from 6.1 in 1999 to 21.7 in 2017.
- Opioids were involved in 46,802 (a rate of 14.6) overdose deaths in 2018—nearly 70% of all overdose deaths.
- Deaths involving synthetic opioids other than methadone (including fentanyl and fentanyl analogs) continued to rise with more than 28,400 (a rate of 9.9) overdose deaths in 2018.
- The number of deaths involving prescription opioids declined to 14,975 (a rate of 4.6) in 2018 and those involving heroin dropped to 14,996 (a rate of 4.7).²

In Washington, D.C., 191 drug overdose deaths involved opioids in 2018 (a rate of 26.7—a decline from the 244 deaths in 2017 (a rate of 34.7) (Figure 1).

- Deaths involving heroin declined from 127 in 2017 (a rate of 18) to 79 in 2018 (a rate of 10.9).
- Deaths involving prescription opioids or synthetic opioids other than methadone (mainly fentanyl and fentanyl analogs) remained stable with a respective 41 (a rate of 5.7) and 162 in 2018 (a rate of 22.6).³



Opioid Prescriptions

In 2018, Washington, D.C. providers wrote 25.0 opioid prescriptions for every 100 persons compared to the average U.S. rate of 51.4 prescriptions.⁴

Neonatal Abstinence Syndrome (NAS)/Neonatal Opioid Withdrawal Syndrome (NOWS)

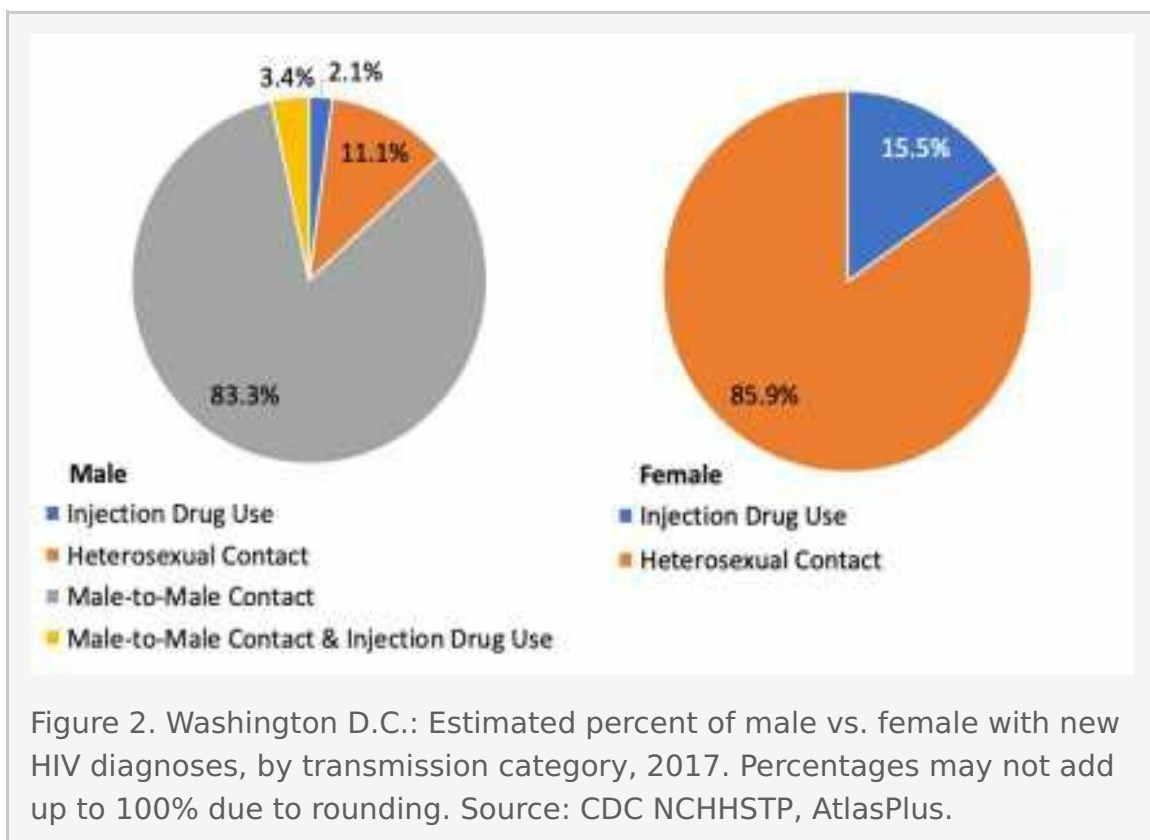
NAS or NOWS may occur when a woman uses opioids during pregnancy. To date, there is no standard in NAS/NOWS provider and hospital coding practices. As a result, there is variability in the rates reported by states.

- The national incidence rate of NAS/NOWS in 2016 was 7 cases per 1,000 hospital births.⁶⁻⁷
- The highest rates were reported among American Indian/Alaska

Native (15.9 per 1,000 births) and White Non-Hispanic (10.5 per 1,000 births) individuals.

- In 2016, hospital costs for NAS/NOWS births totaled \$572.7 million, after adjusting for inflation.⁸
- The rate of NAS/NOWS in Washington, D.C. in 2017 was 1.0 cases per 1,000 hospital births and is the most recent data available.⁶⁻⁷

New HIV Diagnoses⁹ and Prevalence Attributed to Injection Drug Use (IDU)



- **U.S. New Diagnoses:** In 2017, 9.7% (3,690) of the 38,226 new HIV diagnoses were attributed to IDU. Among males, 8.6% (2,655) of new diagnoses were transmitted via IDU or male-to-male sexual contact and IDU. Among females, 14.2% (1,035) of new diagnoses were transmitted via IDU.¹⁰
- **U.S. Prevalence:** In 2017, more than 1 million Americans were living with a diagnosed HIV infection—a rate of 367.7. Among

males, 16.4% (125,274) contracted HIV from IDU or male-to-male sexual contact and IDU. Among females, 20.8% (49,288) were living with HIV attributed to IDU.¹⁰

- **State New Diagnoses:** Of the new HIV diagnoses in 2017, 305 occurred in Washington, D.C.—a rate of 51.1. Among males, 5.5% of new HIV diagnoses were attributed to IDU or male-to-male sexual contact and IDU. Among females, 15.5% of new HIV diagnoses were attributed to IDU (Figure 2).¹⁰
- **State Prevalence:** In 2017, an estimated 14,316 persons were living with a diagnosed HIV infection in Washington, D.C.—a rate of 2,398.9. Of those, 16.6% of male cases were attributed to IDU or male-to-male sexual contact and IDU. Among females, 24.4% were living with HIV attributed to IDU.¹⁰

Hepatitis C (HCV) Incidence and Prevalence Attributed to IDU¹¹

- **U.S. Incidence:** In 2017, there were an estimated 44,700 new cases of acute HCV. Among case reports that contained information about IDU, 86.6% indicated IDU prior to onset of acute, symptomatic HCV.¹²
- **U.S. Prevalence:** An estimated 2.4 million Americans are living with HCV (based on 2013-2016 annual average).¹²
- **State Incidence:** This data is unavailable for Washington, D.C.¹⁰
- **State Prevalence:** In Washington, D.C., there are an estimated 12,700 persons living with HCV (a rate of 2,340 based on 2013-2016 annual average)¹³

References

1. Rates are age-adjusted per 100,000 standard population unless

otherwise noted.

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3. Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2018 on CDC WONDER Online Database released in 2020. Data are from the Multiple Cause of Death Files, 1999-2018, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. (2020 February 14) Retrieved from <http://wonder.cdc.gov/mcd-icd10.html>
4. Centers for Disease Control and Prevention. U.S. Opioid Prescribing Rate Maps. (2019, October 3). Retrieved from <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>
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6. Healthcare Cost and Utilization Project (HCUP). Neonatal Abstinence Syndrome (NAS) Among Newborn Hospitalizations. (2019, December 12) Retrieved from <https://www.hcup-us.ahrq.gov/faststats/nas/nasquery.jsp?>
7. Comparisons with earlier estimates are difficult because of the ICD-10-CM transition in 2015.
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9. The term refers to people diagnosed with HIV infection, regardless of the stage of disease at diagnosis.
10. Centers for Disease Control and Prevention. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus. (2020, January 30). Retrieved from <https://gis.cdc.gov/grasp/nchhstpatlas/main.html>.

11. Not all states collect or report data on the incidence or prevalence of Hepatitis C or on how Hepatitis C is transmitted. When available, the data will be included.
12. Centers for Disease Control and Prevention. Surveillance for Viral Hepatitis—United States, 2017. 2019, November 14. Retrieved from <https://www.cdc.gov/hepatitis/statistics/2017surveillance/index.htm>
13. HepVu. Local Data: Washington, D.C.. Retrieved from <https://hepvu.org/state/washington-d-c/>